

0625B (06/23(12/14))

## REPLACEMENT HOUSING DETERMINATION

DISPLACEE	ADDRESS OF ACQUIRED DWELLING	OCCUPIED SINCE (M/Y)
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### OCCUPANT INFORMATION

# OF PARENTS	TOTAL # OF CHILDREN	# OF MALE CHILDREN	AGES	# OF FEMALE CHILDREN	AGES
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# OF OTHER MALES IN HOUSEHOLD (Not included above)	# OF OTHER FEMALES IN HOUSEHOLD (Not included above)
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### ACQUIRED DWELLING INFORMATION

FAIR MARKET VALUE	SQUARE FEET	BEDROOMS
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### COMPARABLE HOUSING

	ADDRESS	SQUARE FEET	BEDROOMS	LISTING PRICE
1*				\$
2				\$
3				\$

LISTING PRICE OF COMPARABLE #1	\$
LESS ACQUISITION PRICE OF ACQUIRED DWELLING (125% of fair market value)	\$
DISPLACEE IS ELIGIBLE FOR MAXIMUM HOUSING SUPPLEMENT OF:	\$

REMARKS

LAST RESORT (Check if any apply):

- ☐ Housing supplement exceeds \$31,000  
☐ Displacee has resided in the acquired dwelling for less than 90 days prior to the initiation of negotiations.

### CERTIFICATION

I hereby certify that this determination of supplemental payment is to be used in connection with a Federal Aid Highway Project. I have no direct or indirect present or planned future personal interest in this property, nor in any way benefit as a result of the acquisition of the property involved in this transaction. I have verified that the named displacee has been in occupancy as noted. I have reviewed all listings and, in my opinion, the listings meet the standards prescribed for decent, safe, and sanitary housing. The basis for the determination of the supplemental payment is as shown above.

PREPARED BY (Signature)	NAME/TITLE	DATE
REVIEWED BY (Signature)	NAME/TITLE	DATE

JOB NO.	PARCEL	NAME
LOCAL AGENCY NAME		

\*Most expensive decent, safe and sanitary comparable